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\*\* CONTINUING DATA \*\*\*\*\* *None s/r*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None s/r*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	5	23	2
Verified and Acknowledged	Examiner's Signature <i>s/r</i>	Initials			

## ADDRESS

20027

## TITLE

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